# Application Data Sheet APPLICATION INFORMATION

Secrecy Order in Parent Appl.?:: No

Application Number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	×
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks:	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable From (CRF)	)?:: No
Number of Copies of CRF::	
Title::	COUNTER-ROTATIONAL ELECTRIC
	SCRUBBER
Attorney Docket Number::	402902
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	13
Small Entity?::	No
Latin Name::	
Variety denomination name::	
Petition Included?::	No
Petition Type::	
Licensed US Govt. Agency::	₹
Contract or Grant Numbers::	

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#### APPLICANT INFORMATION

Applicant Authority Type:: Inventor

Primary Citizenship Country:: China

Status:: Full Capacity

Given Name:: Aik Pin

Middle Name::

Family Name:: CHEAH

Name Suffix::

City of Residence:: Wheelers Hill

State or Prov. of Residence:: Victoria

Country of Residence:: Australia

Street of mailing address:: 9 Whalley Drive

City of mailing address:: Wheelers Hill

State or Province of mailing address:: Victoria

Country of mailing address:: Australia

Postal or Zip Code of mailing address:: 3150

Inventor Authority Type:: Inventor

Primary Citizenship Country:: China

Status:: Full Capacity

Given Name:: Kwok Nam

Middle Name::

Family Name:: SHEK

Name Suffix::

City of Residence:: Shatin

State or Prov. of Residence:: New Territories

Country of Residence:: Hong Kong

Street of mailing address:: Flat 17-20, Sky Lark House

Shakok Estate

City of mailing address:: Shatin

State or Province of mailing address:: New Territories

Country of mailing address:: Hong Kong

Postal or Zip Code of mailing address::

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### **CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: 23548

Phone:: (202) 737-6770

Fax:: (202) 737-6776

E-mail Address:: dcmail2@leydig.com

### REPRESENTATIVE INFORMATION

Representative Customer Number:: 23548

Representative Designation:: Registration Number:: Representative Name::

### **DOMESTIC PRIORITY INFORMATION**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

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## FOREIGN APPLICATION INFORMATION

Country:: Application Number:: Filing Date:: Priority Claimed

# **ASSIGNEE INFORMATION**

Assignee name:: Chiaphua Industries Limited

Street of mailing address:: 2 Dai Wang Street

Tai Po Industrial Estate

City of mailing address:: Tai Po

State or Province of

mailing address:: New Territories

Country of mailing

address:: Hong Kong

Postal or Zip Code of mailing address::

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